



**Tuolumne County Association of REALTORS®**

**“The Voice of Real Estate for Tuolumne County”**

14195 Tuolumne Road

Sonora, California 95370

Phone: 209.532.3432 Fax: 209.533.9418



**NOTICE OF TRANSFER**

Same Brokerage (No Fee)

New Brokerage (Transfer Fee\*)

Member Name (Print): \_\_\_\_\_

Old Firm Name: \_\_\_\_\_

New Firm Name: \_\_\_\_\_

New Firm Address: \_\_\_\_\_

City

Zip

New Firm Phone: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have an assistant that will be transferring with you? If so, please list their name so they can be transferred also: \_\_\_\_\_

**PLEASE NOTE: Services will not be transferred without Broker's Signature.**

\_\_\_\_\_  
Members Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_ (Broker's Name), hereby accept all rights and obligations pursuant to the Tuolumne County Association of REALTORS® MLS System for this agent **AND** any listed assistant transferring to my Brokerage.

\_\_\_\_\_  
Broker's Signature

\_\_\_\_\_  
Date

**\*If transferring to a NEW Brokerage a transfer fee will be invoiced to the new office along with any unpaid MLS Quarterly Fees.**



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**DISPOSITION OF LISTINGS**

We have been notified that \_\_\_\_\_ (Transferring Agent) has been transferred to another office.

The above agent has the following active and/or pending listings and we need to know whether you will be releasing the listings to the transferring agent OR transferring the agent’s listings to another agent in your office.

MLS #/ Address	Release Listings	I am keeping the listing, assign to:

If this MLS is not notified within 1 week (7 days) the listing will automatically be transferred to the Broker of Record of your office.

Broker Signature: \_\_\_\_\_

Broker Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_



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**KEYBOX SYSTEM  
KEYHOLDER/BROKER RESPONSIBILITIES ACKNOWLEDGEMENT**

It is hereby agreed among the TUOLUMNE COUNTY ASSOCIATION OF REALTORS® (ADMINISTRATOR); \_\_\_\_\_ (BROKER) of \_\_\_\_\_ and BROKER’s associate, \_\_\_\_\_, (KEYKEYHOLDER).

The undersigned parties acknowledge that ADMINISTRATOR has the responsibility of administering The iBox Electronic KeyBox system from Supra, a division of GE Security, Inc. (SUPRA). It is further acknowledged that the KEY KEYHOLDER is responsible for adhering to the **Rules and Regulations as outlined in the Supra eKEY user’s guide.**

WITNESSETH:

In consideration of the mutual acknowledgements herein contained, the parties agree:

- 1. **Safe Place** - It is acknowledged that should the “KEY” come into the possession of unauthorized parties, the security of all Supra KeyBoxes may be compromised. Therefore, the KEYKEYHOLDER shall keep the “KEY” in his/her possession or in a safe place at all times.
- 2. **Personal Identification Number (PIN)** - KEYKEYHOLDER will not give PIN number to anyone, will not put PIN number on the “KEY”, will not keep PIN number with the “KEY”, nor do anything else which would allow the PIN number to become known to any other person.
- 3. **No Loan of “KEY”** - KEYKEYHOLDER shall not loan the “KEY” to any person. The foregoing includes, but is not limited to, loans to appraisers, mortgage lenders, contractors, other brokers and salespersons, prospective purchasers or sellers.
- 4. **Loss of “KEY”** - In the event KEYKEYHOLDER loses the “KEY”, KEYKEYHOLDER shall notify the ADMINISTRATOR immediately and promptly thereafter execute a sworn declaration as to all facts surrounding the loss. Loss of the “KEY” will result in KEYKEYHOLDERS need to purchase a replacement “KEY” at the then current replacement price.
- 5. **Indemnification** - KEYKEYHOLDER covenants and agrees to and hereby does indemnify and hold the ADMINISTRATOR harmless from any and all liability, obligation, or demands against the ADMINISTRATOR as a result of the KEYKEYHOLDERS use or loss of the “KEY”, including but not limited to, any and all liabilities, including attorney’s fees, incurred by the ADMINISTRATOR as a result of damage or injury to premises or persons arising out of the entry by KEYHOLDER or any other person into any premises by use of the KEY.
- 6. **Reimbursement** - KEYHOLDER agrees to reimburse the ADMINISTRATOR for any and all expenses incurred by the ADMINISTRATOR in attempting to recover the KEY from KEYHOLDER as a result of KEYHOLDER’s failure to surrender the KEY in accordance with this acknowledgement the KEYHOLDER LEASE AGREEMENT between Supra and the KEYHOLDER. In the event the ADMINISTRATOR commences legal proceedings against KEYHOLDER to enforce or interpret any of the provisions of this acknowledgement, KEYHOLDER agrees to pay all costs incurred by the ADMINISTRATOR together with all attorneys’ fees.
- 7. **BROKER’s Responsibility** - BROKER confirms that BROKER is both a real estate broker and an active member of the Tuolumne County Association of REALTORS. Further, BROKER confirms that KEYHOLDER is in fact associated with BROKER in an active effort to sell real estate through the same business office; that KEYHOLDER does have his real estate license; and that BROKER will notify the ADMINISTRATOR should the KEYHOLDER or BROKER terminate that relationship with the BROKER. BROKER agrees to be jointly and severally liable with KEYHOLDER for all duties, responsibilities, and undertakings of KEYHOLDER under this acknowledgement,



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provided, however, that this acknowledgement shall not be construed to make KEYHOLDER an employee of BROKER.

**8. Authority** - KEYHOLDER shall not place a KeyBox on a property without written authority from the seller and occupant if other than the seller. Extreme care should be taken to ensure that all doors and the KeyBox are locked.

**THIS ACKNOWLEDGEMENT IS SEPARATE AND IN NO WAY SHALL CONFLICT WITH THE KEYHOLDER LEASE AGREEMENT BETWEEN SUPRA AND KEYHOLDER, NOR THE MASTER AGREEMENT BETWEEN SUPRA AND THE ADMINISTRATOR. THE SUPRA KEYHOLDER LEASE AND MASTER AGREEMENT SUPERCEDE ANY PROVISIONS IN THIS ACKNOWLEDGEMENT.**

\_\_\_\_\_  
**KEYHOLDER’s Signature**

\_\_\_\_\_  
**Broker of Record’s Signature**

\_\_\_\_\_  
**Home Street Address**

\_\_\_\_\_  
**Broker’s Company**

\_\_\_\_\_  
**City State Zip**

\_\_\_\_\_  
**Company Street Address**

**Co-Op Keys**

I, Keyholder, currently have a Supra eKey set up with another Association and would like to Co-Op my key. I understand there is a \$100 annual key co-op fee and that I am responsible for the payment of that invoice and failure to do so with result in interruption of key service in Tuolumne County and that failure to receive a bill does not relieve the keyholder of the responsibility to pay the key co-op fees when due.

\_\_\_\_\_  
Keyholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Key Serial Number/ Pin Code/ Primary Key Association